

**FOR OFFICE USE ONLY:**

Reg. # \_\_\_\_\_  
 Contract Knl. # \_\_\_\_\_  
 Reg. Date \_\_\_\_\_  
 Fee \$15.00 Ck # \_\_\_\_\_  
☐ Cash ☐ Check ☐ Credit  
 Clerk \_\_\_\_\_

**OWNERSHIP ENTITY REGISTRATION FORM**

<b>Registration Fee \$15.00</b>
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**Kansas Racing and Gaming Commission**  
**700 SW Harrison, Suite 420**  
**Topeka, KS 66603-3754**

**Phone: (785) 296-5800 Fax: (785) 296-0900**

Indicate nature of entity you are registering. Mark appropriate boxes below. List each individual owner, shareholder, partner (including husband and wife), or other entity who is part legal owner of any horse or greyhound owned by this registered entity. Each person who is a legal owner, shareholder, or partner (including husband and wife) must obtain an occupation license as an owner of racing animals. Registrations must be filed annually by each entity. If this entity is owned or partly owned by an ownership entity other than an individual, that ownership entity must also be registered with the Kansas Racing and Gaming Commission (KRGK). Ensure all your owners are properly licensed and entities are properly registered.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd. Partnership | <input type="checkbox"/> Association           |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Kennel Name      | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Syndicate   | <input type="checkbox"/> Stable Name      |  |
| <input type="checkbox"/> Estate      | <input type="checkbox"/> Trust            |  |

**Name of ownership entity exactly as it appears on the registration papers of racing animal(s). Indicate type of racing animals this entity will race and which Kansas track(s) they will run at:**

\_\_\_\_\_ Name of Entity  
 Type of racing animals owned: ☐ Horse ☐ Greyhound  
 Is this entity acting as a lessee/lessor for any of the racing animals racing in Kansas? ☐ Yes ☐ No  
 Name of Lessees \_\_\_\_\_  
 Name of Lessors \_\_\_\_\_

**Indicate managing owner to whom winnings are payable:**

**Managing Owner's Name** \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**List other persons who have an ownership in the animals owned by this racing entity. Be sure to have your signature notarized on the back of this form.**

Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

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 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

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Owner's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**Each corporation, partnership, syndicate, or other association or entity that owns a horse or greyhound at a racetrack facility shall file the following information with the KRGc:**

1. Organizational documents for the entity identifying each shareholder by name, address, and zip code;
2. relative proportion of ownership interest;
3. terms of sale with contingencies, arrangements, or leases;
4. documents declaring to whom winnings are payable and under what name the horse or greyhound shall be run; and
5. the name and address, including zip code, of each licensed person, or persons, who assumes all responsibility as owner of the horse or greyhound.

**ATTACH ADDITIONAL PAGES IF NEEDED**

I understand that the information provided pursuant to the execution of this document is subject to the Kansas Open Records Act and as such may be deemed a public record. I hereby certify under penalty of perjury that all statements herein are complete and true. I understand that providing false information or failing to provide complete information may result in a fine or refusal or denial of racing privileges in Kansas.

\_\_\_\_\_  
Signature of Partner Registering Ownership Entity

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

(SEAL)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**KRGc Field Office**  
P.O. Box 12694  
Kansas City, KS 66112-0694  
(913) 788-3621  
Fax: (913) 788-3881  
(The Woodlands)

**Kansas Racing and Gaming Commission**  
700 SW Harrison, Suite 420  
Topeka, KS 66603-3754  
(785) 296-5800  
Fax: (785) 296-0900

**KRGc Field Office**  
P.O. Box 425  
Valley Center, KS 67147-0425  
(316) 755-2736  
Fax: (316) 755-3294  
(Wichita Greyhound Park)